附件2

省本级用票单位非税收入票据检查表

填报单位：（盖章） 单位（元）

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| **财政票据名称** | **起止号码** | | **数量** | | **金额**  **合计** | **缴入国库金额** | **缴入财政专户金额** |
| **本** | **份** |
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| 合计 |  |  |  |  |  |  |  |
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财务负责人： 填报人： 联系电话： 填报日期：

注：票据起止号码为连续时，应将多本（份）填写在同一栏内；不连续时，应分段填写。此表可复印。